

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: _____		2 Serial/Patent # <u>10/518423</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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		\$ 200																					
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="text-align: center;">9</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table> </td> </tr> </table>		<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table>	1	5	--	0	5	0	8	
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11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">               TYPED/PRINTED NAME: <u>A Johnson</u>                SIGNATURE: <u>A Johnson</u>                OFFICE: <u>DO-ED</u> </td> <td style="width: 40%;">               TITLE: <u>Paralegal</u>                PHONE: <u>308-9140</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>DO-ED</u>	TITLE: <u>Paralegal</u> PHONE: <u>308-9140</u>																		
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																							

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

PATENT APPLICATION SERIAL NO. 10/518423

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/29/2004 MKAYPAGH 00000065 10518423

01 FC:2631	150.00 OP ✓
02 FC:2632	250.00 OP ✓
03 FC:2633	100.00 OP ✓
04 FC:2615	375.00 OP ✓
05 FC:2614	100.00 OP ✓

Repln. Ref: 05/23/2005 AJOHNS02 0010434400  
DAH:150508 Name/Number:10518423  
FC: 9204 \$200.00 CR

05/23/2005 AJOHNS02 00000006 10518423

01 FC:2643

50.00 OP ✓

02 FC:2632

-250.00 OP

PTO-1556  
(5/87)